

**KENTUCKY DEPARTMENT OF INSURANCE**  
***Affidavit for Surplus Lines Insurance Transactions***

To: Property & Casualty Division  
P. O. Box 517  
Frankfort, Kentucky 40602

*This form MUST be completed in its entirety. All information is required.  
This form may be copied but no alteration permitted.*

**SECTION 1 – GENERAL INFORMATION**

Name(s) of Insured: \_\_\_\_\_  
Mailing Address of Insured: \_\_\_\_\_  
Insured Property Address if Other Than Above: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Inception Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Issuing Company or Companies & Company's NAIC# (All Participating Companies Must Be Listed)  
Company #1 \_\_\_\_\_ NAIC # \_\_\_\_\_  
Company #2 \_\_\_\_\_ NAIC # \_\_\_\_\_  
Company #3 \_\_\_\_\_ NAIC # \_\_\_\_\_  
Company #4 \_\_\_\_\_ NAIC # \_\_\_\_\_

\*\*\*A COPY OF TRANSACTION DECLARATION PAGE MUST BE ATTACHED\*\*\*

Type of Transaction being Reported (check one):

New Business \_\_\_\_\_ Renewal \_\_\_\_\_ Endorsement \_\_\_\_\_ Cancellation \_\_\_\_\_ Audit \_\_\_\_\_

Type of Policy (Choose From Options Listed on Affidavit Procedures) \_\_\_\_\_

Transaction Effective Date if Other Than Policy Inception Date: \_\_\_\_\_

**SECTION 2 – SURPLUS LINES TAX COMPUTATION**

	Company #1	Company #2	Company #3	Company #4
Premium:	_____	_____	_____	_____
ANY Fees:	_____	_____	_____	_____
TOTAL(S):	_____	_____	_____	_____
X 3% =	_____	_____	_____	_____
S L Tax :	_____	_____	_____	_____

Kentucky Local Government

Premium Tax, If Any: \_\_\_\_\_ 1 ½ Ky. Surcharge: \_\_\_\_\_

**SECTION 3 – BROKER VERIFICATION SECTION**

Name of Surplus Lines Broker: \_\_\_\_\_

Agency Broker is Affiliated With: \_\_\_\_\_

I, \_\_\_\_\_, a licensed Surplus Lines Broker, under KRS 304.10.120, and in Compliance with KRS 304.10-050, being duly sworn, state as follows: ☐ I, as a KY licensed P&C agent, or ☐ \_\_\_\_\_ a KY licensed P&C agent who has certified to me am/is unable to secure sufficient insurance coverage in the following authorized insurers of Kentucky:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

for the above captioned insured, and have caused to be bound the insurance coverage as outlined in the attached copy of the original certificate. The insurer(s) with whom this coverage is placed meet or exceed the minimum requirements for surplus lines insurers as prescribed by KRS304.10-070. I, or the KY licensed P&C agent named above, have endeavored to secure this insurance from insurers licensed in Kentucky and, having been rejected, have advised the assured that his/her coverage is being insured by a Surplus Lines carrier which is not licensed to do business in Kentucky.

I further state that the insurance placed with said unauthorized insurer(s) was not sought or required to secure advantage, either as to premium or term of insurance contract.

\_\_\_\_\_  
Surplus Lines Broker signature

\_\_\_\_\_  
Broker's License Number

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

(THIS DOCUMENT MUST BE SIGNED AND NOTARIZED)

KY S.L. Form 1 (Rev. 07/02)